

## Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: Division Eight Commercial Inland Marine      SERFF Tr Num: LBRM-125228564      State: Arkansas

TOI: 09.0 Inland Marine      SERFF Status: Closed      State Tr Num: AR-PC-07-025420  
Sub-TOI: 09.0005 Other Commercial Inland Marine      Co Tr Num: 2007-00873      State Status:

Filing Type: Form      Co Status:      Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: Sarah Lawrence      Disposition Date: 08-15-2007  
Date Submitted: 07-11-2007      Disposition Status: Approved  
Effective Date Requested (New): 12-01-2007      Effective Date (New): 12-01-2007  
Effective Date Requested (Renewal): 02-01-2007      Effective Date (Renewal): 02-01-2008

## General Information

Project Name: CL 23201 AAIS Virus and Bacteria CL 0700 (10-2006)      Status of Filing in Domicile: Not Filed  
Project Number: 2007-00873      Domicile Status Comments: n/a  
Reference Organization: AAIS      Reference Number:  
Reference Title:      Advisory Org. Circular:  
Filing Status Changed: 08-15-2007  
State Status Changed: 07-12-2007      Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

Effective December 1, 2007 for New Business and February 1, 2008 for Renewal Business, we wish to file CL 0700 Edition 10-2006 Virus or Bacteria Exclusion for use in our currently approved Commercial Inland Marine Program.

## Company and Contact

### Filing Contact Information

Sarah Lawrence, State Filings Technician      sarah.lawrence@LibertyMutual.com  
62 Maple Ave      (800) 826-6189 [Phone]  
Keene, NH 03431      (603) 352-9252[FAX]

### Filing Company Information

America First Insurance Company      CoCode: 12696      State of Domicile: New Hampshire  
62 Maple Ave.      Group Code: 111      Company Type: P & C  
Keene, NH 03431      Group Name:      State ID Number:  
(800) 826-6189 ext. [Phone]      FEIN Number: 58-0953149

Peerless Insurance Company  
62 Maple Avenue

Keene, NH 03431  
(800) 826-6189 ext. [Phone]

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CoCode: 24198  
Group Code: 111

Group Name:  
FEIN Number: 02-0177030

State of Domicile: New Hampshire  
Company Type: Property &  
Casualty  
State ID Number:

Peerless Indemnity Insurance Company  
62 Maple Ave.

Keene, NH 03431  
(800) 826-6189 ext. [Phone]

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CoCode: 18333  
Group Code: 111

Group Name:  
FEIN Number: 13-2919779

State of Domicile: Illinois  
Company Type: Property &  
Casualty  
State ID Number:

The Netherlands Insurance Company  
62 Maple Avenue

Keene, NH 03431  
(800) 826-6189 ext. [Phone]

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CoCode: 24171  
Group Code: 111

Group Name:  
FEIN Number: 02-0342937

State of Domicile: New Hampshire  
Company Type: Property &  
Casualty  
State ID Number:  
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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
60649581	\$50.00	07-09-2007

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-15-2007	08-15-2007

## **Disposition**

Disposition Date: 08-15-2007

Effective Date (New): 12-01-2007

Effective Date (Renewal): 02-01-2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Approved Casualty		Yes

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	08-15-2007
Comments:			
Attachment:			
industry_rates_PCtransDoc_intelligent.pdf			



## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	